



Mt. Orab STEM Superstars!

a Girl Scout Series for girls in grades K-6



You'll fly a rocket, get slimy
with chemistry and much more.
Plus, sign up today and get a free tote.



Event Details

All series sessions are on
Thursdays
March 21, April 11, 18, 25, and
May 2, and 9, 2024
6:00-7:00 p.m.
Mt. Orab Library

Questions? Contact:

If you have questions contact:
Amanda Moore
AmandaMoore@gsw.org or
text 513.572.1557

Reserve Your Spot Today

This is a special opportunity for girls not currently in Girl Scouts this school year.

Register by visiting :
www.gsw.org/seriescin
or complete the back of this flyer and
return it to the Library!

Cost: \$25 Free!
Thanks to our generous donors
who believe in girls!

Bonus: You'll have access to all Girl Scout
member activities (see gsw.org/events)
through September 30, 2024!





2023-2024 Girl Series Membership Form

Title One only Schools

SU#: Grant 439 Series: Mt Orab Library: Girls In STEM Series 94612_2024 ____ New

Please return completed forms to: Mt. Orab Library ____ Renew

Girl First and Last Name: _____

Address: _____ City: _____ Zip: _____

Girls Birth Date: (required): _____ Grade: _____ School: _____

Girl Email (only if 13 & older): _____ Okay to email? Y/N (circle one)

Girl cell (only if 13 & older): _____ Okay to text? Y/N (circle one)

Participation and grant information:

Racial Background: American Indian or Alaskan Native Asian Black or African American
 Hawaiian or Pacific Islander White Other

Ethnic Background: Hispanic or Latina Not Hispanic or Latina I choose not to share

Primary Parent/Caregiver First/Last Name: _____

Parent/Caregiver Birth Date (required): _____ Gender: Male Female

I choose not to share at this time. Address is same as girl. If different please complete below:

Address: _____ City: _____ Zip: _____

Relationship to Girl: _____ Phone: _____ Texts okay? Y/N (circle one)

Parent/Caregiver Email: _____ Email okay? Y/N (circle one)

Thanks to generous donors who believe in girls, this program is free.

The Girl Scout membership year runs from October 1, 2023 to September 30, 2024. Membership is non-transferrable.

Permission and Health History

Emergency Contact Name: _____ **Phone:** _____

List any medical conditions requiring treatment, medication, allergies (including food), or special needs: _____

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed event activities except as noted.

Authorization for Treatment: If I cannot be reached in an emergency, I hereby grant permission to the physician selected by the event personnel to secure treatment, including hospitalization, if necessary.

Authorization for Participation and Membership: I understand the nature of the activities in which my girl is going to participate and give my permission for my girl to: 1) engage in all program activities as planned by the Girl Scouts of Western Ohio and its affiliates, 2) for the Girl Scouts and or its affiliates to use her picture(s) or video recording(s) and 3) if my girl is not a registered Girl Scout I am willing to have my girl become a registered Girl Scout member.

Please check and acknowledge: I acknowledge that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and stat and local guidelines and mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold GSWO harmless and waive all right to legal action, if my daughter contracts COVID through exposure at a Girl Scout event.

Approved Pick up Information: The adults listed below have permission to pick up my girl from this Girl Scout program.

Adult Name: _____ Phone: _____

Adult Name: _____ Phone: _____

My Girl Scout has permission to walk home from this program. **Yes, I would like to volunteer for Girl Scouts.**

Adult Signature: _____ **Date:** _____

